THE MINISTER OF INFORMATION AND BROADCASTING (SHRIMATI SUSHMA SWARAJ): (a) to (c) There is no proposal to ban PTV, at present. Under Section 20 of the Cable Television Networks Regulation Act 1995, a Committee has been constituted to look into the violations of the Programme Code, prescribed under the said Act and Rules framed there-under. Necessary action is taken on the recommendations of the Committee, from time to time. It is the continuous endavour of the Government to counter propaganda made by Pak TV through suitable programmes on DD/AIR. Under a Special Package, extension and upgradation of Doordarshan's infrastructure, to increase DD's coverage in the border areas, has also been undertaken.

Increase in heart diseases

*3. SHRI H.K. JAVARE GOWDA: Will the Minister of HEALTH-AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the heart disease scenario in the country is alarming and getting worse every year;

(b) if so, the reasons therefor;

(c) whether it is also a fact that the treatment of heart disease is so costly that the common man is not in a position to meet the expenses and is left to die;

(d) if so, the reasons therefor;

(e) whether Government propose to give free medical treatment for heart disease; and

(f) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (f) According to Indian Council of Medical Research, it is a fact that heart disease scenario in India is alarming. The situation seems to be worsening because of rapid urbanization and adverse life style. Heart disease especially coronary heart disease is on the rise and is also occurring in younger persons (below 40 years of age). These manifest as angina, heart attack and sudden death. The reasons attributed to rise in coronary heart diseases are high fat and cholesterol rich diet, smoking, diabetes, high blood pressure,

obesity, stress and lack of exercise. The reasons for high cost is that mosf of the equipments required for the treatment of heart diseases are manufactured abroad and have to be imported. These includes angioplasty equipments required for open heart surgeries and pacemakers.

National Illness Assistance Fund has been set up during January, 1997 to provide financial assistance to patients living Below Poverty Line who are suffering from major life threatening diseases including cardiac problems to receive medical treatment at any of the super speciality Government hospitals/Institutes or other Government hospitals. Under the Scheme, advance(s) have been placed with Medical Superintendents of AIIMS, New Delhi, PGIMER, Chandigarh and other Central Government hospitals such as Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and Lady Hardinge Medical College and Smt. S.K. Hospital, New Delhi and JIPMER, Pondicherry to enable them to sanction immediately financial assistance upto Rs. 50,000/- in each deserving case reported for treatment in their hospitals/institutions. The advance would be replenished as and when reports of its utilization are received from the respective hospitals/ institutes. NIMHANS, Bangalore and CNCI, Calcutta, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow and Gandhi Memorial and Associated Hospitals (KGMC), Lucknow have also been included in the list of hospitals intimated above.

The State Governments/UT Administrations have also been asked to set up Illness Assistance Funds in their respective States/UTs. It has been decided that grant-in-aid would be released to each of these States/ UTs (with legislature) where such funds are set up.The grant-in-aid to the States/UTs would be to the extent of 50% of the contributions made by the States/UTs to the State fund/society subject to a maximum of Rs. 5 crore with larger number and percentage of population Below Poverty Line *viz.* Andhra Pradesh, Bihar, Madhya Pradesh, Karnataka, Maharashtra, Orissa, Rajasthan.Tamil Nadu, Uttar Pradesh and West Bengal and Rs. 2 crores to other States/UTs. The State/UT level funds could also receive contributions/donations from donors, as mentioned for NIAF.The Illness Assistance Fund at the State/UT level can release financial assistance to patients living in their respective States/UTs upto Rs. 1.5 lakhs in an individual case. All such deserving cases where the quantum of financial

assistance is likely to exceed Rs. 1.5 lakhs, are to be sent to NIAF from the Health Minister's discretionary grant upto a maximum of Rs. 20,000/-in each case.

In addition to the above, financial assistance is also provided to the poor and needy chronic patients.

Alzheimer disease

*4. SHRI B.J. PANDA:
SHRIKRIPALPARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether WHO has reported that about 3.5 million people in India suffer from Alzheimer disease;

(b) whether this disease is more sinister than aids and cancer; and

(c) the symptoms of this ailment and the steps taken by Government to control the dreaded disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Based on the World Health report, the prevalence of Alzheimer's disease is estimated to be 5% in males and 6% in females above the age of 60 years. Applying this to India's population, it is estimated that there may be around 3.5 million people suffering from Alzheimer's disease. However, this is based on extrapolation and not on actual survey.

Alzheimer disease is a progressive degenerative condition with onset usually after the age of 65 years. Incidence of the disease increases with age, rising to 20% after the age of 85 years. There is no definite treatment and death usually occurs within the five years of initial diagnosis. The exact cause of the disease is not known. It will be, however, incorrect to compare Alzheimer disease with AIDS and Cancer which can affect a person at any age.

The disease results in progressive neurocognitive degeneration, impaired activities of daily living and behaviour/psychiatric symptoms of dementia. The treatment is aimed at relief of symptoms by medication